

[Today's Date]

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

[BENEFICIARY NAME]
STREET ADDRESS
CITY, STATE, ZIP]

[Beneficiary Name]:

Beneficiary/Member ID#: [1234567890]

On [Notification Letter Date], you were placed in the Beneficiary Monitoring Program (BMP). The goals of this program are:

- Improving quality health care
- Preventing harmful practices
- Encouraging proper use of services through education and monitoring

For your health and safety you now have the following providers. You **must** see the providers below to get your medical and/or mental health care using your Medicaid benefits.

| | | |
|---|--|--|
| <p><u>**Primary Care Doctor**</u></p> <p>[Name Street City, State, Zip Phone]</p> | <p><u>Primary Practice</u></p> <p>[Name Street City, State, Zip Phone]</p> | <p><u>Pharmacy</u></p> <p>[Name Street City, State, Zip Phone]</p> |
| <p><u>**Mental Health Provider**</u></p> <p>[Name Street City, State, Zip Phone]</p> | <p><u>Specialist Doctor</u></p> <p>[Name Street City, State, Zip Phone]</p> | <p><u>**Specialist – Pain**</u></p> <p>[Name Street City, State, Zip Phone]</p> |

**May prescribe drugs subject to abuse.

In the letter we sent you [Notification Letter Date], you were told about drugs subject to abuse. If you take too much of your medicine too soon, you will not be able to get an early refill. Now that you have been given a health care team, any of your prescriptions for these drugs must be written by [Dr. Smith or Dr. Brown] and filled at [Green's Pharmacy].

Drugs subject to abuse are:

- Narcotic Analgesics
- Barbiturates
- Sedative-Hypnotic, Non-Barbiturates
- Central Nervous System Stimulants/Anti-Narcoleptics
- Anti-Anxieties
- Amphetamines
- Skeletal Muscle Relaxants

Per our records the medication/s you have recently taken like this include: [Vicodin, Ritalin].

Until further notice, prescriptions for these drugs will only be covered by Medicaid when prescribed by [Dr. Smith or Dr. Brown] and filled at [Green's Pharmacy].

Your primary care doctor, [Dr. Smith], needs to know about all your medical and mental health care to improve your health. Communication between your doctors about your health needs helps to keep you safe. BMP requires that your primary care doctor, [Dr. Smith], refer you to any other health care providers you may need.

If you go to other providers, you may need to pay for the cost of those services. Medicaid will not pay for services by a person, pharmacy, or location that has not been approved by BMP.

The policy this placement is based on is Section 8.5.B of the Beneficiary Eligibility chapter of the Medicaid Provider Manual.

If you do not agree with the action to place you with this provider(s), you can ask for a hearing. You must ask for the hearing in writing within ninety (90) days of the date of this letter. A Hearing Request form has been enclosed. If you wish to use it, you can mail your request for hearing in the postage paid envelope to: Michigan Administrative Hearing System for MDCH, PO Box 30763, Lansing, MI 48909.

If you have questions you may call the BMP Help Line at 1-800-622-0276.

Beneficiary Monitoring Program
Program Review Division
Medical Services Administration / MDCH

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